See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services Toxic Substances Control Division Sacramento, California

Please print or type. (Form designed for use on elite (12-pitch typewriter). Manifest 2. Page 1 1. Generator's US EPA ID No. Information in the shaded areas UNIFORM HAZARDOUS 6369 No. is not required by Federal law. 008 302₁ CAD WASTE MANIFEST A. State Manifest Document Number 8834636 3. Generator's Name and Mailing Address KIERAN LABEL CO. B. State Generator's ID 92071 8765 Olive Lane #L, Santee, Ca. 4. Generator's Phone (619) 562-4220 C. State Transporter's ID US EPA ID Number 5. Transporter 1 Company Name CALL 1-800-852-7550 D. Transporter's Phone 698-1042 | 245 001 RECOVERY SERVICES OMEGA E. State Transporter's ID US EPA ID Number 7. Transporter 2 Company Name F. Transporter's Phone G. State Facility's ID 9. Designated Facility Name and Site Address 10: US EPA ID Number CADOUTRALSOOL OMEGA RECOVERY SERVICES H. Facility's Phone 12504 E. WHITTIER BLVD. 698-0991 (213)CAD 042, 245 001 WHITTIER, CA. 90602 12. Containers 13. Total Waste No. Quantity Unit 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Туре Wt/Vo No. State WASTE COMBUSTIBLE LIQUID N.O.S., COMBUSTIBLE LIQUID 213 EPA/Other NA 1993 (Polysafe) DOOL Ing-low E RESPONSE CENTER 1-800-424-8802; EPA/Other State EPA/Other State EPA/Other K. Handling Codes for Wastes Listed Above . J. Additional Descriptions for Materials Listed Above a.-MATERIAL TO BE RECYCLED CALL THE NATIONAL 15. Special Handling Instructions and Additional Information PROFILE #B11306 *EMERGENCY #(619) 562-4220 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and SPILL. national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. Ö EMERGENCY Month Year Printed/Typed Name 17. Transporter 1 Acknowledgement of Receipt of Materials Year Signature Z Printed/Typed Name HERNANDEZ b 18. Transporter 2 Acknowledgement of Receipt of Materials CASE Month Day Yes Signatur Printed/Typed Name 19. Discrepancy Indication Space 20: Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. 1 Month Day Printed/Typed Name OLO MION Do Not Write Below This Line

DHS 8022 A (1/88) EPA 8700—22 (Rev. 9-88) Previous editions are obsolete.

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

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